



Flathead County
Planning & Zoning
1035 1st Ave W, Kalispell, MT 59901
Telephone 406.751.8200 Fax 406.751.8210



APPLICATION FOR A VARIANCE

Submit this application, all required information, and appropriate fee (see current fee schedule) to the Planning & Zoning office at the address listed above.

FEE ATTACHED \$ 500

Before completing this application please read instructions on page 4.

1. OWNER:

Name: Sarah Dugan, Jolene Dugan, Paloma Dugan, Lesley Stokke, Bianca Angell
Address: 13110 NE 177th PL #187 Phone: _____
City/State/Zip: Woodinville, WA 98072
Email: rlsortino@gmail.com

INTEREST IN PROPERTY: owners

2. APPLICANT: (If different from above)

Name: _____
Address: _____ Phone: _____
City/State/Zip: _____

3. TECHNICAL/PROFESSIONAL ASSISTANCE: (If applicable)

Name: Olaf C. Ervin 16194LS
Address: 1658 Northfork Rd. Phone: 406-261-7765
City/State/Zip: Columbia Falls, MT 59912
Email: olaf.ervin@gmail.com

4. LOCATION OF PROPERTY FOR WHICH VARIANCE IS SOUGHT:

Physical Address: 494, 482, 440, 414, 386 Holt Drive Bigfork, MT 59911

5. ZONING DISTRICT: Holt **ZONING DESIGNATION:** SAG-10

6. DATE PROPERTY ACQUIRED: 12/18/02

7. LEGAL DESCRIPTION:

Subdivision (if applicable) cos 18102 Lot/Tract(s) A, B, C, D, E

Assessor # 0009964 Section 35 Township 27N Range 20W

0002827
0012071
0012072
0012073

8. **REQUEST FOR A VARIANCE FROM THE PROVISIONS OF** *(State Section, Part, and Paragraph of the Zoning Regulations):* 3.07.040(2) Bulk and Dimensional provisions

9. **THIS IS A REQUEST FOR A VARIANCE IN RELATION TO THE PROVISIONS OF THE REGULATIONS** *(check one below):*

Area _____	Yard _____	Height _____
Coverage _____	Parking _____	Other <input checked="" type="checkbox"/> _____

10. **STATE SPECIFICALLY THE CHANGE(S) PROPOSED AND THE REASON(S) SUCH CHANGE(S) ARE NECESSARY** *(use additional sheet if necessary):*

The applicant requests that the SAG-10 lot width-to-depth ratio be relaxed to allow for the parcel configuration shown on the attached siteplans.

11. **EXPLAIN HOW YOUR CASE CONFORMS TO EACH OF THE FOLLOWING REQUIREMENTS** *(be complete, use additional sheet if necessary):*

A. Strict compliance with the provisions of these regulations will limit the reasonable use of the property, and deprive the applicant of rights enjoyed by other properties similarly situated in the same district.

see attached

B. The hardship is the result of lot size, shape, topography, or other circumstance over which the applicant has no control.

see attached

C. The hardship is peculiar to the property.

see attached



D. The hardship was not created by the applicant.

see attached

E. The hardship is not economic (*where a reasonable or viable alternative exists*).

see attached

F. Granting the variance will not adversely affect the neighboring properties or the public.

see attached

G. The variance requested is the minimum variance, which will alleviate the hardship.

see attached

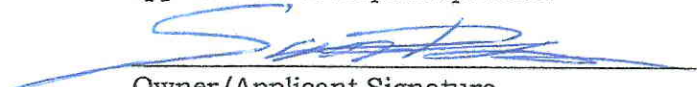
H. Granting the variance will not confer a special privilege that is denied other similar properties in the same district.

see attached

12. **ATTACH A PLOT PLAN OR DRAWING.**



I hereby certify under penalty of perjury and the laws of the State of Montana that the information submitted herein, on all other submitted forms, documents, plans or any other information submitted as part of this application, to be true, complete, and accurate to the best of my knowledge. Should any information or representation submitted in connection with this application be incorrect or untrue, I understand that any approval based thereon may be rescinded or other appropriate action taken. The signing of this application signifies approval for FCPZ staff to be present on the property for routine monitoring and inspection during the approval and development process.


Owner/Applicant Signature

PARCEL A C.O.S. # 18102

10-20-11
Date

INSTRUCTIONS FOR VARIANCE APPLICATION

1. ANSWER ALL QUESTIONS. Answers should be clear and contain all the necessary information.
2. In answering Question 7, refer to the classification system in the Zoning Regulations and explain in detail the specific standards from which the applicant is seeking relief.
3. In answering Question 9, be specific and complete. In this and all other questions, if additional space is needed you may use additional paper, and list which section number you are continuing.
4. Answer Question 10, A-H completely and fully.
5. A copy of the plot plan or site plan must be submitted with each application (Please include 6 copies if you submit a size larger than 11x17).
6. A Certified Adjoining Property Owners List must be submitted with the application (see forms below). The list will be sent directly to the Planning & Zoning office, unless you request otherwise. This list is valid for a period of 6 months from date generated. You may also get a certified adjoining landowners list from a title company if you choose.
7. A fee per the FCPZ schedule of fees for a variance application must be submitted with this application to cover the cost of necessary investigation, publication, mailing and processing procedures.



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Owner/Applicant Signature

10-20-11
Date

PARCEL B C.O.S. #18102

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Owner/Applicant Signature

TRUSTEE FOR PALOMA DUGAN
PARCEL C C.D.S. # 18102

10-20-11

Date

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Lesley Stahle
Owner/Applicant Signature
PARCEL D C.D.S. 1810Z

10/20/11
Date

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Owner/Applicant Signature
TRUSTEE FOR BIANCA ANGELL
PARCEL E C.O.S. 18102

16-20-11

Date

INSTRUCTIONS FOR VARIANCE APPLICATION

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